



Application for a Water Right Permit

For Ecology Use
(Date Stamp)



Follow the attached instructions. Attach additional sheets as necessary.

- ☐ GROUND WATER ☒ SURFACE WATER
☒ PERMANENT ☐ SHORT TERM ☒ TEMPORARY
☐ DROUGHT

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

- ☐ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: City of White Salmon	Phone No: 509-493-1133	Other No:
Address: PO Box 2139		
City: White Salmon	State: WA	Zip: 98672
Email Address (if available): patm@ci.white-salmon.wa.us		

Contact Name (if different from above): Joe Morrice	Phone No: 260-838-6581	Other No: 206-999-8487
Relationship to Applicant: Consultant		
Address: 401 Second Ave, Suite 201		
City: Seattle	State: WA	Zip: 98104
Email Address (if available): jmorrice@aspectconsulting.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: City of White Salmon (Contact: Pat Munyan)	Phone No: 509-493-1133	Other No:
Address: PO Box 2139		
City: White Salmon	State: WA	Zip: 98672
Email Address (if available): patm@ci.white-salmon.wa.us		

For Ecology Use	APPLICATION NO: <u>54-33092</u>		SEPA: Exempt/Not Exempt
	Fee Paid: <u>50.00</u> <u>172.00</u>	Check No: <u>27451</u> <u>04-12-2013</u> <u>20842</u> <u>05-06-2013</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>04-12-2013</u>	By <u>CS</u> WRIA: <u>29 Kuckinay</u>
Pre-application interviewer:			

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Briefly describe the purpose of your proposed project: Seasonal diversion for Aquifer Storage and Recovery.
Diversion from Buck Creek for storage is requested under this application. A reservoir application for storage of
diverted water and a secondary use application for municipal and instream flow use of recovered water are being
filed concurrent with this application.

Anticipated length of time to complete your project: 5 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Municipal (Diversion for ASR storage)	2.2		600	November through May
Instream Flow (Diversion for ASR storage)	TBD, see "other water uses" section		TBD	November through May
TOTAL:	2.2		600	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☒ YES ☐ NO (Note: request is for both a permanent permit and a temporary permit to allow pilot testing)

If yes to either question above, indicate the dates that the water will be needed:

FROM: 5/1/2013 TO: 6/30/2013

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input checked="" type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: <u>Buck Creek</u>	Well diameter & depth: _____
Tributary to: <u>White Salmon River</u>	Number of proposed points of withdrawal: _____
Number of proposed diversion points: <u>1</u>	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
04101600000000	SE	SE	16	4N	10 EWM	Klickitat
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>370</u> Feet (<input checked="" type="checkbox"/> North/ <input type="checkbox"/> South) and <u>930</u> feet (<input type="checkbox"/> East/ <input checked="" type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input checked="" type="checkbox"/> SE <input type="checkbox"/>) corner of Section <u>16</u> .						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section _____.						

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Klick

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. PLACE OF USE						
Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.						
Tax Lot 50 in the SW1/4SE1/4 of Section 3, Township 3 North, Range 10 East Willamette Meridian.						
(Note: described place of use is location of City Well No. 2 to be used for aquifer storage and recovery; place of use for recovered water will be the service area of the City of White Salmon water system).						
¼	¼	Section	Twp.	Range	County	Parcel No.
SW	SE	03	03N	10E	Klickitat	03100300000900

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: Surface Water Certificate No. 3474, Surface Water Certificate No. 7109, Surface Water Certificate No. 10252

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Water will be diverted from Buck Creek using the City's existing low-head diversion dam on Buck Creek. Diverted water will be filtered and chlorinated at the source using an existing treatment system with a capacity of 2.2 cfs. Treated water will be conveyed to the ASR well (City Well No. 2) using existing water mains, where it will be injected for storage in a confined aquifer in the Grande Ronde basalt. Injection will be performed using either existing system pressure available at the wellhead, or if warranted based on pilot testing, with the assistance of booster pumps. See the *City of White Salmon Aquifer Storage and Recovery Feasibility Assessment and Aquifer Storage and Recovery AKART Analysis* for further details.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: <u>3,761 (2012)</u>
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: <u>5,066 (2032)</u> (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (*See note below)	
If yes, date plan was approved ____/____/____ Water System Number: <u>96350</u>	
Name of water system: <u>City of White Salmon</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

<u>*Note: An updated Water System Plan, dated November 2012, was submitted to DOH. Approval is pending.</u>	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Under a Memorandum of Agreement (MOA) between the City and the Department of Ecology Office of Columbia River (OCR), OCR will control a portion of water stored under the ASR project in proportion to their funding share of the project. Of OCR's share, 1/3 will be used for instream flow purposes and 2/3 will be used for municipal supply purposes by the City of White Salmon. The portion available for instream flows is 8 percent of total stored water, subject to adjustment based on final project costs. Under the MOA both parties agreed that a diversion reduction approach to reduce diversions from Buck Creek during critical summer low flows is preferable to direct diversion from storage to Buck Creek. The City understands that the critical flow period on Buck Creek of greatest interest to fisheries is August 1 to October 31. The City agrees that it will rely on the ASR supply for municipal use from August 1 to October 31 for at least the amount of water identified as the OCR share to be used for instream flows. The effect of this reliance will be that more water will be left undiverted in Buck Creek during the critical flow period.

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☒ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: Water will be stored in a confined, artesian aquifer in the Grande Ronde basalt by injecting treated water diverted from Buck Creek through the City's existing Well No. 2.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Buck Creek Diversion: From the City of White Salmon City Hall take W. Jewett Boulevard/Highway 141 approximately 5 miles west and north. Turn left on Northwestern Lake Road and proceed approximately 1 mile, continue approximately 3 miles on Buck Creek road to the Buck Creek diversion.

ASR Well: From the City of White Salmon City Hall take W. Jewett Boulevard/Highway 141 approximately 4 miles west and north. Turn left on Wallace Road and proceed approximately 0.3 miles, fenced property with City Well No. 2 will be on the right

Site Address: _____

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Patrick Munyan Jr
 Print Name
 (Applicant or authorized representative)

Patrick Munyan Jr
 Signature

4/8/13
 Date

 Print Name
 (Legal Owner or Part Owner Place of Use)

 Signature

 Date

 Print Name
 (Legal Owner or Part Owner Place of Use)

 Signature

 Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
 Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

